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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. CMB 0651-0036

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
Firm/Named Inventor	SINGH
Title	BELOW GRADE CASK TRANSFER FACILITY
Group Art Unit	
Examiner Name	
Attorney Docket Number	119959

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. Form PTO/SB/98.

SIGNATURE of Applicant or Assignee of Record

Name

Krishna P. Singh

Signature

K P Singh

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. The amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. Send to: Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Singh

Title

BELOW GRADE CASK TRANSFER
FACILITY

Group Art Unit

Examiner Name

Attorney Docket Number

119859

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Stephen J. Agace

Signature

S. Agace

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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PTO/89/01 (10-01)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Attorney Docket Number 119959

First Named Inventor Singh

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which I claim and for which a patent is sought on the invention entitled:

BELOW GRADE CASK TRANSFER FACILITY

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on: (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefit(s) under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplementary priority data sheet PTO/SB/D2B attached hereto:

(Page 1 of 2)

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Krishna P.Family Name
or Surname SinghInventor's
Signature

Date

Residence: City Palm Harbor

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Country USA

Citizenship USA

Mailing Address 230 Normandy Circle East

City Palm Harbor

State FL

ZIP 34883

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Stephen J.Family Name
or Surname AgaceInventor's
Signature

Date

Residence: City Maple Shade

State NJ

Country USA

Citizenship USA

Mailing Address 177 Matlack Drive

City Maple Shade

State NJ

ZIP 08052

Country USA

☐ Additional inventors are being named on the _____ supplement(s). Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.